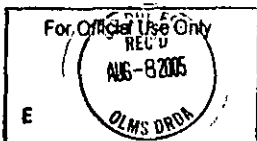


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4455</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>John</u> <u>Harrington</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>15 Garden Drive</u> City <u>Lynbrook</u> State <u>NY</u> ZIP Code + 4 <u>11563</u>	4. Name, file number, and address of labor organization. Name <u>SMW IU No. 28</u> Labor Organization File Number <u>011-371</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>500 Greenwich Street</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10013</u>
5. Position in labor organization. <u>President and Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7. a. Nature of Interest, Transaction, or Income. <u></u> 7. b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John Harrington</u>	On <u>8/1/05</u> Date	<u>514/748-9478</u> Telephone Number

Name of Person Filing **John Harrington**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Syntonics Systems Inc.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **80 Eighth Avenue**City **New York**State **NY**ZIP Code + 4 **10011**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **SMWLU No. 28 Benefit Funds**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **195 Mineola Blvd**City **Mineola**State **NY**ZIP Code + 4 **11501**

11.a. Nature of such dealing.

Computer Systems Consultant

11.b. Approximate dollar value of such dealing.

\$80,000Approx
Value

12.a. Nature of interest held or income received.

**Dinner at a group function
hosted by Syntonics Systems Inc. -
February 2004.**

12.b. Amount. Approx. Value

\$150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing **John Harrington**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Reynolds Securities**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **45 Broadway**City **New York**State **NY**ZIP Code + 4 **10006**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **SMWLU No. 28 Benefit Funds**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **195 Mineola Blvd**City **Mineola**State **NY**ZIP Code + 4 **11501**

11.a. Nature of such dealing.

Investment Monitor

11.b. Approximate dollar value of such dealing.

\$80,000Approx
value

12.a. Nature of interest held or income received.

**Dinner hosted by Reynolds
Securities - February 2004.**

12.b. Amount. Approx. Value

\$350.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **John Harrington**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Magna Care**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **825 East Gate Boulevard**City **Garden City**State **NY**ZIP Code + 4 **11530**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **SMWLU No. 28 Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **195 Mineola Blvd**City **New York**State **NY**ZIP Code + 4 **11501**

11.a. Nature of such dealing.

**Prospective health care
networking provider**

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

**Dinner/cruise in Florida
hosted by Magna Care - February 2004.**

12.b. Amount. Approx. Value

\$100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

John Harrington

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Daley and George, Ltd

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 20 S. Clark Street # 400

City Chicago

State IL

ZIP Code + 4 60603

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMWLU No. 28 Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 195 Mineola Blvd

City Mineola

State NY

ZIP Code + 4 11501

11.a. Nature of such dealing.

Prospective legal consultants

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

Dinner/cruise in Chicago
hosted by Daley and George -
August 2004.

12.b. Amount. Approx. Value

\$354.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

John Harrington

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mackay ShieldsTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 9 West 57th StreetCity New YorkState NY ZIP Code + 4 10019

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMWLU No. 28 Benefit FundsTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 195 Mineola BlvdCity MineolaState NY ZIP Code + 4 11501

11.a. Nature of such dealing.

Investment Advisor11.b. Approximate dollar value of such dealing. \$950,000Approx
Value

12.a. Nature of interest held or income received.

Dinner at a group function
hosted by Mackay Shields -
February 2004.

12.b. Amount. Approx. Value

\$75.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **John Harrington**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Miserow FinancialTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 350 N. Clark StreetCity ChicagoState IL ZIP Code + 4 60610

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMWLU No. 28 Benefit FundsTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 195 Mineola BlvdCity MineolaState NY ZIP Code + 4 11501

11.a. Nature of such dealing.

Prospective financial consultants.

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

Dinner/cruise in Chicago hosted by Miserow Financial - August 2004.

12.b. Amount. Approx. Value

\$431.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.